



Please return Nomination Form to:  
 Girl Scouts of Greater New York  
 Volunteer Recognition Committee  
 40 Wall Street, Suite 708, New York, NY 10005

**Nomination Form for Years of Membership Numeral**  
 Due on or before November 15<sup>th</sup>

**Nomination for: (Please check which applies)**

**Nominee's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-mail address \_\_\_\_\_

Troop # \_\_\_\_\_ Service Unit \_\_\_\_\_ Borough \_\_\_\_\_

**Submitted by - if different from above:**

Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-mail address \_\_\_\_\_

Service Unit, committee or task group \_\_\_\_\_

**YEARS OF MEMBERSHIP:**

The Number of Years as a Registered Girl in any Girl Scout/Girl Guide organization **plus** the number of years as a registered adult. Please indicate dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Years as a Registered Girl \_\_\_\_\_ Please indicate dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Years as a Registered Adult \_\_\_\_\_ Please indicate dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

Girl Scout Council in which you were registered \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**TO BE COMPLETED BY THE RECOGNITION COMMITTEE**

BOROUGH RECOGNITION COMMITTEE  ENDORSES  
 DOES NOT ENDORSE THIS NOMINATION

\_\_\_\_\_  
SIGNATURE OF CHAIR

\_\_\_\_\_  
DATE

REVISED 7-2015